

Members

Rep. Charlie Brown, Chairperson  
Rep. Cindy Noe  
Sen. Connie Lawson  
Sen. Vi Simpson  
Loretta Kroin  
Kathleen O'Connell  
Stacey Cornett  
Margie Payne  
Ronda Ames  
Valerie N. Markley  
Bryan Lett  
Caroline Doebbling  
Kurt Carlson  
Chris Taelman  
Jane Horn  
Dr. Danita Johnson-Hughes



## COMMISSION ON MENTAL HEALTH

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Authority: IC 12-21-6.5

### MEETING MINUTES<sup>1</sup>

**Meeting Date:** October 21, 2008  
**Meeting Time:** 1:00 P.M.  
**Meeting Place:** State House, 200 W. Washington St., Room 404  
**Meeting City:** Indianapolis, Indiana  
**Meeting Number:** 4

**Members Present:** Rep. Charlie Brown, Chairperson; Rep. Cindy Noe; Sen. Connie Lawson; Sen. Vi Simpson; Kathleen O'Connell; Stacey Cornett; Margie Payne; Valerie N. Markley; Caroline Doebbling; Kurt Carlson; Chris Taelman; Jane Horn; Dr. Danita Johnson-Hughes.

**Members Absent:** Bryan Lett; Loretta Kroin; Ronda Ames.

#### (1) Call to Order:

**Chairperson Charlie Brown** called the meeting to order at 1:05 P.M.

#### (2) Follow-up Information

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<sup>1</sup> Exhibits and other materials referenced in these minutes can be inspected and copied in the Legislative Information Center in Room 230 of the State House in Indianapolis, Indiana. Requests for copies may be mailed to the Legislative Information Center, Legislative Services Agency, 200 West Washington Street, Indianapolis, IN 46204-2789. A fee of \$0.15 per page and mailing costs will be charged for copies. These minutes are also available on the Internet at the General Assembly homepage. The URL address of the General Assembly homepage is <http://www.in.gov/legislative/>. No fee is charged for viewing, downloading, or printing minutes from the Internet.

**(A) Mr. John Hill, Medicaid Liaison for the Center for Exceptional Learners, Department of Education (DOE)**, provided the members with information concerning schools applying for and receiving Medicaid reimbursement for certain services. (Exhibits 1, 2, and 3) Mr. Hill explained that the decline in the amount of money schools are claiming in Medicaid reimbursement is a result of federal changes and the difficulty of meeting federal requirements. He reported that changes are being made at the federal level to make it easier for schools to submit claims for Medicaid reimbursement. Schools must provide the services no matter how the services are paid for. By claiming Medicaid reimbursement, schools can take advantage of federal matching funds. Without Medicaid reimbursement, the services are paid for totally with state and local money.

**(B) Dr. Jeffrey Wells, Director of the Office of Medicaid Policy and Planning (OMPP)**, discussed the issue of parity between CHIP and Medicaid in paying for mental health services for children. (Exhibit 4) Dr. Wells indicated that the rules adopted by OMPP are in some instances more restrictive for children receiving mental health services than the requirements for children under Medicaid. OMPP is in the process of changing the CHIP requirements to match the Medicaid provisions. Dr. Wells informed the members that there are two parts to CHIP. CHIP I is for children at 150% of the poverty level. Those children are now receiving mental health services at the same level as children receiving mental health services under Medicaid. CHIP II is for children at 150 to 200% of the poverty level. The children in CHIP II are not receiving services at the same level as children in Medicaid. On October 1, 2008, CHIP II eligibility was expanded to 250% of the poverty level. CHIP has a 75% reimbursement rate, which is higher than the Medicaid rate of reimbursement. If OMPP adds all of the children now in CHIP II and those being added to meet the new level of 250%, OMPP estimates that the total fiscal impact for state and federal dollars will be \$2.6 million to provide Medicaid level mental health services for all CHIP children. Dr. Wells reported to the Commission that OMPP believes that the state share of this fiscal impact is a small dollar amount. OMPP is proceeding to change the CHIP mental health service levels to coincide with the Medicaid levels.

**(C) Dr. Jeffrey Wells, Director of OMPP**, also discussed increases in physician rates. (Exhibit 5) In answer to a question from Chairperson Brown, Dr. Wells said that he has heard discussion of providing tax credits for doctors who accept Medicaid patients, but he has not seen specific proposals for a tax credit.

### **(3) Consideration of legislative proposals**

#### **(A) PD 3288 - Licensure of addiction counselors**

The draft (Exhibit 6) was amended (Exhibit 7) to include a penalty for violating the licensure provisions. Ms. O'Connell made a motion that was seconded by Senator Simpson to recommend the adoption of PD 3288 as amended. The motion was adopted by a unanimous voice vote.

#### **(B) PD 3306 - Omnibus bill**

PD 3306 (Exhibit 8) included provisions to do the following:

- Require the Department of Correction (DOC) to adopt the same drug formulary as is used by Medicaid
- Require the DOC to adopt standards for local jails to use the same drug formulary as is used by Medicaid
- Require the Division of Mental Health and Addiction (DMHA) to create a

forensic technical assistance center

- Create the Mental Health Medicaid Quality Advisory Committee as a permanent committee to advise the Drug Utilization Review Board
- Provide for closing juvenile proceedings for the testimony of health care providers and certain other providers
- Create a multiagency task force on workforce development issues
- Make a finding that the state needs one mental health facility (Evansville Children's Psychiatric) to be funded by bonding by the Indiana Finance Authority

Chairperson Brown explained that he had been informed that the items concerning the drug formulary would be very costly. If the fiscal note prepared for the bill shows that the costs are too high, he will remove those provisions when the bill has a committee hearing. Ms. Horn made a motion that was seconded by Senator Simpson to recommend the adoption of PD 3306. The motion was adopted by a unanimous voice vote.

#### **(C) PD 3314 - Creates the public sector psychiatry program**

PD 3314 (Exhibit 9) creates a public sector psychiatry program to encourage individuals in a medical residency program to enter the area of public sector psychiatry. The bill appropriates money to the program for the second year of the biennium. A motion was made and seconded to recommend the adoption of PD 3314. The motion was adopted by a unanimous voice vote.

#### **(D) PD 3312 - Incentive program to attract psychiatrists, psychologists, and psychiatric nurses to Indiana**

PD 3312 (Exhibit 10) creates an incentive program to attract psychiatrists, psychologists, and psychiatric nurses to Indiana. The Commission voted to amend PD 3312 to better define the provisions regarding attracting individuals to Indiana. The language of the amendment was not fully drafted during the meeting. By consent, the members agreed to accept amendments that will be reviewed by Chairperson Brown and Senator Lawson. A motion was made by Senator Simpson and seconded by Senator Lawson to recommend the adoption of PD 3312 as amended. The motion was adopted by a unanimous voice vote.

#### **(E) PD 3269 - Children's health insurance program (CHIP) parity**

PD 3269 (Exhibit 11) specifies the mental health services that must be covered under CHIP. The draft was amended by consent to remove the word "unlimited" when defining the outpatient mental health and substance abuse services to be provided and by providing that the OMPP may require prior authorization for all of the services listed in the bill and not just outpatient mental health services. Senator Simpson made a motion that was seconded by Mr. Taelman to recommend the adoption of PD 3269 as amended. The motion was carried with one abstention.

#### **(F) PD 3416 - Problem solving courts**

PD 3416 (Exhibit 12) provides for the creation of problem solving courts, including mental health courts. The draft will also be considered by the Sentencing Policy Committee. Mr. Carlson made a motion that was seconded by Dr. Doebbling to recommend the adoption of PD 3416. The motion was adopted by a unanimous voice vote.

**(G) Concurrent resolution 20091337.001 - Full funding for community mental health centers**

Concurrent resolution 20091337.001(Exhibit 13) calls for full funding for community mental health centers to provide services to those with behavioral health and addiction issues. The resolution was amended to remove references to "the mentally ill" and replace those references with "those with behavioral health and addiction issues". The amendment was adopted by consent. Senator Simpson made a motion that was seconded by Ms. Markley to recommend the adoption of the resolution as amended. The motion was adopted by a unanimous voice vote.

**(H) Concurrent resolution 20091332.001 - Topics for the COMH for the 2009 interim**

Concurrent resolution 20091332.001 (Exhibit 14) asks that the following topics be assigned to the COMH for the 2009 interim:

- funding streams for mental health services for the indigent and uninsured
- training in warning signs of mental illness in children for teachers
- increasing the alcohol tax to increase funding for mental health and addictions
- DOC assisting those eligible for Medicaid to apply 30 days prior to release

The Commission added the following two topics:

- medical records following an inmate from a local jail to DOC
- commitment laws

Because specific language was not available for the additional topics, by consent, the members agreed to accept amendments that will be reviewed by Chairperson Brown and Senator Lawson. A motion to recommend adoption of the resolution was made and seconded. The motion was adopted by a unanimous voice vote.

**(4) Adjournment**

**Chairman Brown** thanked the members for their services and adjourned the meeting at 3:30 P.M.